

California Resident Income Tax Return 2008

540A C1 Side 1

Your first name	Initial	Last name	Your SSN or ITIN	P AC A R RP
If joint return, spouse's/RDP's first name	Initial	Last name	Spouse's/RDP's SSN or ITIN	
Address (including number and street, PO Box, or PMB no.)			Apt. no/Ste. no.	
City (if you have a foreign address, see page 9)			State ZIP Code	
Prior Name	If you filed your 2007 tax return under a different last name, write the last name only from the 2007 tax return. <input checked="" type="radio"/> Taxpayer <input type="radio"/> Spouse/RDP			

Filing Status

1 ☐ Single 4 ☐ Head of household (with qualifying person). (see page 3)

2 ☐ Married/RDP filing jointly. (see page 3) 5 ☐ Qualifying widow(er) with dependent child. Enter year spouse/RDP died _____.

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here _____

If your California filing status is different from your federal filing status, fill in the circle here. ☐ ☐

6 If someone can claim you (or your spouse/RDP) as a dependent, fill in the circle here (see page 9). ☐ 6 ☐

Exemptions

► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

7 **Personal:** If you filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2 in the box.
If you filled in the circle on line 6, see page 9. 7 ☐ X \$99 = \$ _____

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 ☐ X \$99 = \$ _____

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. ☒ 9 ☐ X \$99 = \$ _____

10 **Dependents:** Enter name and relationship. **Do not include yourself or your spouse/RDP.** _____
Total dependent exemptions. ☒ 10 ☐ X \$309 = \$ _____

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 21. 11 \$ _____

12 State wages from your Form(s) W-2, box 16 or CA Sch W-2, line 3. ☒ 12 _____ 00

13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. 13 _____ 00

14 **California Income Adjustments.** See pages 10 and 11 for line 14a through line 14f.

Taxable Income and California Income Adjustments

a State income tax refund	14a	00
b Unemployment compensation	14b	00
c U.S. social security or railroad retirement	14c	00
d California non-taxable interest or dividend income	14d	00
e California IRA distributions	14e	00
f Non-taxable pensions and annuities	14f	00
g Total California income adjustments. Add line 14a through line 14f.	<input checked="" type="radio"/> 14g	00

17 Subtract line 14g from line 13. This is your California adjusted gross income. ☒ 17 _____ 00

18 Enter the larger of: { Your California **itemized deductions** or **standard deduction** shown below for your filing status:

- Single or Married/RDP filing separately \$3,692
- Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$7,384

If the circle on line 6 is filled in, STOP. (see page 11) ☒ 18 _____ 00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0-. 19 _____ 00

20 Tax. See Tax Table. 20 _____ 00

21 Exemption credits. Enter the amount from line 11. 21 _____ 00

If line 13 is more than \$163,187, see page 13. 21 _____ 00

28 Nonrefundable renter's credit. (see page 14) ☒ 28 _____ 00

29 Total credits. Add line 21 and line 28. 29 _____ 00

30 Subtract line 29 from line 20. 30 _____ 00

32 Mental Health Services Tax. (see page 15). ☒ 32 _____ 00

34 Add line 30 and line 32. This is your total tax. If less than zero, enter -0-. ☒ 34 _____ 00

Your name: _____ Your SSN or ITIN: _____

Payments

35 Enter the amount from Side 1, line 34 35 00

36 California income tax withheld (see page 15) ● 36 00

37 2008 California estimated tax and payment with form FTB 3519 and amount applied from 2007 return ● 37 00

39 Excess SDI (or VPD) withheld. To see if you qualify, (see page 15) ● 39 00

Child and Dependent Care Expenses Credit (see page 16). Attach form FTB 3506.

● 40 00

● 41 00

● 42 00

● 43 00

44 Total payments and credits. Add line 36, line 37, line 39, and line 43 44 00

Overpaid Tax/ Tax Due

45 Overpaid tax. If line 44 is more than line 35, subtract line 35 from line 44 45 00

46 Enter the amount of line 45 you want applied to your **2009** estimated tax ● 46 00

47 Overpaid tax available this year. Subtract line 46 from line 45 ● 47 00

48 Tax due. If line 44 is less than line 35, subtract line 44 from line 35. (see page 16). 48 00

Use Tax

49 Use Tax. **This is not a total line.** (see page 16) ● 49 00

	Code	Amount	Code	Amount	
CA Seniors Special Fund (see page 60) ▶	400	00	CA Peace Officer Memorial Foundation Fund. ▶	408	00
Alzheimer's Disease/Related Disorders Fund ▶	401	00	CA Military Family Relief Fund ▶	409	00
CA Fund for Senior Citizens ▶	402	00	CA Sea Otter Fund ▶	410	00
Rare and Endangered Species Preservation Program ▶	403	00	CA Ovarian Cancer Research Fund ▶	411	00
State Children's Trust Fund for the Prevention of Child Abuse ▶	404	00	Municipal Shelter Spay-Neuter Fund ▶	412	00
CA Breast Cancer Research Fund ▶	405	00	CA Cancer Research Fund ▶	413	00
CA Firefighters' Memorial Fund ▶	406	00	ALS/Lou Gehrig's Disease Research Fund ▶	414	00
Emergency Food For Families Fund ▶	407	00			

61 Add code 400 through code 414. These are your total contributions ● 61 00

Amount You Owe

62 **AMOUNT YOU OWE.** Add line 48, line 49, and line 61 (see page 17). **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● 62 00
Pay Online – Go to our website at **ftb.ca.gov** and search for **web pay**.

64 Underpayment of estimated tax. If form FTB 5805 is attached, fill in this circle ○ ● 64 00

66 **REFUND or NO AMOUNT DUE.** Subtract line 49 and line 61 from line 47 (see page 18).
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** ● 66 00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip (see page 18).
Have you verified the routing and account numbers? **Use whole dollars only.**

All or the following amount of my refund (line 66) is authorized for direct deposit into the account shown below:

☐ Checking 00
☐ Savings 00

● Routing number ● Type ● Account number ● 67 Direct deposit amount

The remaining amount of my refund (line 66) is authorized for direct deposit into the account shown below:

☐ Checking 00
☐ Savings 00

● Routing number ● Type ● Account number ● 68 Direct deposit amount

Sign Here

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Spouse's/RDP's signature (if filing jointly, both must sign) Daytime phone number (optional) ()

It is unlawful to forge a spouse's/RDP's signature. X X Date

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**) Paid preparer's SSN/PTIN

Joint return? (see page 19) Firm's name (or yours, if self-employed) Firm's address FEIN

Do you want to allow another person to discuss this return with us (see page 19)? ● ☐ Yes ☐ No

Print Third Party Designee's Name Telephone Number